



## Client Intake Form

Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Does insurance cover massage? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

-----**MEDICAL INFORMATION**-----

- yes \_\_\_ no \_\_\_ Do you have diabetes?
- yes \_\_\_ no \_\_\_ Do you have frequent headaches?
- yes \_\_\_ no \_\_\_ Are you pregnant? \_\_\_\_\_
- yes \_\_\_ no \_\_\_ Do you suffer from seizures?
- yes \_\_\_ no \_\_\_ Do you have any contagious diseases?
- yes \_\_\_ no \_\_\_ Do you have any topical allergies?

Please list any potential contraindications: \_\_\_\_\_

-----**MASSAGE**-----

- yes \_\_\_ no \_\_\_ Injuries or surgeries in the past two years? \_\_\_\_\_
- yes \_\_\_ no \_\_\_ Do you have tension or soreness in a specific area? \_\_\_\_\_

Please list any specific requests for your Massage: \_\_\_\_\_

What kind of pressure do you prefer? Light \_\_\_ Medium \_\_\_ Firm \_\_\_

-----**SKIN CARE**-----

- yes \_\_\_ no \_\_\_ Do you have sensitive skin? \_\_\_\_\_
- What are your specific areas of concern for your skin? \_\_\_\_\_

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent to Treatment of Minor:** By my signature below, I hereby authorize \_\_\_\_\_ to administer massage, bodywork, skin care, waxing or somatic therapy techniques to my child or dependent as they deem necessary.

**Signature of Parent or Gaurdian:** \_\_\_\_\_ **Date:** \_\_\_\_\_